WA Healthy Options
Xth Quarter 201X

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	p
Plan Name	Delegated Entity	Reporting Period 1, 2, 3, 4	Program HO HOBD HOFC HH SCHIP WMIP AHAC	ISHCN & CSHCN (X if yes)	Enrollee ID HCA Provider One ID	Enrollee Last Name	Enrollee First Name	Enrollee Middle Initial	Enrollee Birthdate (MM/DD/YYYY)	Practitioner Last Name	Practitioner First Name	Practitioner Middle Initial	Practitioner Specialty	Practitioner NPI	Facility Name

Q	R	S	T	U	V	W	X	Y	Z
Type/Level 1. Grievance 2. Denial/Action 3. Appeal 4. IRO 5. State Hearing	Expedited (X if Yes)	Grievance, Action/Denial, or Appeal Category	Grievance, Action/Denial, or Appeal Subcategory	Grievance, Action/Denial, or Appeal Reason	Resolution No more than 30 characters	Date Received (MM/DD/YYYY)	Date Resolved (MM/DD/YYYY)	Date written notice sent to enrollee and practitioner (MM/DD/YYYY)	Unique MCO record identifier (Optional)

Health Care Authority (HCA)
Grievance System and Non Participating Provider Reporting
Managed Care Organization (MCO) Quarterly Reporting
Grievance
Field Descriptions

For ADDITIONAL instructions and definitions, refer to: Health Care Authority, Grievance System and Non Participating Provider Reporting Instructions, (Effective January 1, 2015). Grievance System Reporting.

Note: In order to use GAA information for a comparative data analysis, HCA requires MCOs to use the grievance\complaint, categories\reasons as listed in the "Grievance" tab.

Grievance Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description
Column A:	**Health Plan Name** Enter Name of Managed Care Organization Indicate reporting plan with common abbreviation: AMG = Amerigroup CCC = Coordinated Care Corporation CHPW = Community Health Plan of Washington CUP = Columbia United Providers MHC = Molina Healthcare of Washington UHC = United Healthcare Community Plan	Indicates reporting plan with common abbreviation.
Column B:	**Delegated Entity** Enter Name of Delegated Entity: Full name of delegated entity Blank = No delegated entity	Identifies the health plan's delegated entity that receives and takes action on the grievances\complaints. The health plan is responsible to integrate the delegated entity's data into the health plan's data. There should be no separate data submission for the delegated entities. It is advised that the plan downstream the report instructions and table to facilitate administrative simplification and roll up of combined plan, delegate data. If no delegated entity leave blank.

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column C:	**Reporting Period** Enter Reporting Quarter as a numerical indicator: 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter	Indicates the reporting period the initial grievance\complaint is received. Reporting format: 1,2,3, or 4. Calendar Quarter: Quarter in which Grievances, Actions, and Appeals were received by the MCO.
Column D:	**Program Name** A code specify the program for the data submitted Enter Program code as an acronym: HO	Specifies the program for the data submitted using program acronyms Identifies Healthy Options/Apple Health Family Coverage enrollees.
	HOBD	Identifies Healthy Options/Apple Health Blind Disabled enrollees.
	HOFC	Identifies Healthy Options/Apple Health Foster Care enrollees.
	HH	Identifies Health Home enrollees when applicable to the reporting health plan.
	SCHIP	Identifies Children's Health Insurance Program enrollees.
	WMIP	Identifies Washington Medicaid Integration Partnership enrollees when applicable to the reporting health plan.
	AHAC	Identifies Apple Health Adult Coverage enrollees related to the Medicaid Expansion population (Alternative Benefit Plan).

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description

Column E:	**CSHCN AND ISHCN**
	
	A code identifying enrollees with Special Health Care Needs
	
	    Enter code as an alpha indicator:
	
	    X = Individuals and Children with Special Health Care Needs
	
	    Blank = Not CSHCN or ISHCN
		Identify all Individuals (ISHCN) and Children with Special Health Care Needs (CSHCN) with an "X."
		
		CSHCN - Children with Special Health Care Needs
		
		ISHCN - Individuals with Special Health Care Needs

Column F:	**Enrollee ID**
	
	A code indicating enrollee's identification number
	
	    Enter Member identification code as a numerical indictor:
	
	    ProviderOne Member Identification (ID) Number
		Populates column with the enrollee's Health Care Authority (HCA) ProviderOne ID number.

Column G:	**Enrollee Last Name**	Populates columns with the Enrollee name associated with Enrollee ID provided in Column F: Enrollee ID.
Column H:	**Enrollee First Name**	
Column I:	**Enrollee Middle Initial**	

Column J:	**Enrollee Birthdate**
	
	    Enter Enrollee Birthdate as MM/DD/YYYY
	
	    Example: 12/01/1985
		Populates column with the Enrollee birthdate associated with Enrollee name and ID provided in Columns F and G through I: Enrollee ID and Name.

Column K:	**Provider/Practitioner Last Name**	Identifies the servicing provider\practitioner as the source of an enrollee's grievance\complaint.
Column L:	**Provider/Practitioner First Name**	All Provider/Practitioner Name fields must be populated when applicable or left blank.
Column M:	**Provider/Practitioner Middle Initial**	
Column N:	**Provider/Practitioner Specialty**	Identifies type or specialty of practitioner. Should be no more than thirty (30) characters. Examples: Family Practitioner, Chiropractor, Acupuncturist, Surgeon, General Surgeon, Orthopedist, Urologist, Internal Medicine, Certified Nurse Practitioner, Dermatologist, etc. This field must be populated when applicable or left blank.
Column O:	**Provider/Practitioner NPI**	Identifies the individual Practitioner National Provider Identification number (NPI).

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Example: 1112345678	This field must be populated when applicable or left blank.
Column P:	**Facility Name**	Identifies the facility or clinic the practitioner is associated or contracted with and which is associated with the grievance\complaint. This field must be populated when applicable or left blank.
Column Q:	**Type/Level** Enter Type/Level code as a numerical indicator: 1 = Grievance\Complaint	Specifies the category and level for the data submitted. This column must be populated for all records. This report's focus is **Grievance**. For other Type/Level reporting, please utilize the appropriate report. Each report's specific descriptive categories and resolution are directly related to the Type/Level report.
Column R:	**Expedited** Enter code as an alpha indicator: X = Yes Blank = Not expedited	Identifies urgency of the grievance\complaint. Reporting format: "X" if yes leave blank if no.
Column S:	**Primary Category** Enter Primary Category as: Access Billing/Claims Coverage and Benefits Eligibility/Membership Health Plan Quality of Care (QOC) Quality of Service (QOS) Referral/Authorization Written materials	Describes the "what" or the catalyst for the grievance\complaint. This key descriptive column must be populated for all records.

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column T:	**Subcategory**	Provides additional detail of the primary category in Column S. (NOTE: "Other" category should be used sparingly and must include specific information related to the grievance.) This key descriptive column must be populated for all records.
	Enter Subcategory as:	Locate Primary Grievance Category Below then select Subcategory to the left:
	ADA	Access
	Behavioral health	
	Closed practice	
	Cultural Considerations	
	Distance	
	No provider available	
	Other (list specific issue)	
	Pharmacy	
	Pharmacy hours	
	Primary Care Provider (PCP)	
	Provider hours	
	Specialty	
	Transportation	
	Wait time for appointment	
	Balance Owed	Billing/Claims
	Copay	
	Member received bill	
	Misapplied payment	
	Pricing	
	Cost sharing	Coverage and Benefits
	Dissatisfied with level of coverage	
	Excluded services or service covered by HCA or DSHS	
	In-patient	
	Other (list specific issue)	

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Out-patient	

Grievance Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description
	Demographics, such as address, phone, gender, date of birth, language indicator, etc.	Eligibility/Membership
	Other Health Insurance	
	Not eligible in system	
	Other (list specific issue)	
	Ability to contact plan	Health Plan
	Confidentiality	
	Other (list specific issue)	
	Plan service	
	Staff attitude	
	Telephone wait time	
	Clinical Skills	Quality of Care
	Diagnosis	
	Inadequate amount of time spent with Patient	
	Other (list specific issue)	
	Treatment delay	
	Treatment plan	
	Confidentiality	Quality of Service
	Fraud and Abuse	
	Office/site appearance	
	Other (list specific issue)	
	Responsiveness to requests	
	Staff behavior	
	Non Participating Provider	Referral/Authorization
	Other (list specific issue)	
	Referral/Authorization not allowed	
	Want more visits than allowed	
	Did not receive, or materials were delayed	Written materials
	Do not understand materials	

Grievance Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description
	Other (list specific issue)	

	Grievance Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column U:	**REASON** Enter Reason as: Health Care Authority (HCA) Health Plan Provider	Describes the "why" the grievance\complaint occurred. This key descriptive column must be populated for all records.
Column V:	**Resolution** Enter a description of the Resolution for the Primary Category Enter Resolution as: In Process (Is not complete) Not Applicable (N/A) No Action Required Verbal Response Provided Withdrawn Written Response Provided	Describes the outcome of the grievance\complaint. This key descriptive column must be populated for all records.
Column W:	**Date Received** Enter Date Received as MM/DD/YYYY: Example: 12/01/1985	Documents the date the grievance\complaint was received. Reporting format: MM/DD/YYYY. This column must be populated for all records.
Column X:	**Date Resolved** Enter Date Resolved as MM/DD/YYYY: Example: 12/01/1985 00/00/0000 = Still in process	Identifies the date a grievance\complaint was responded to. In the instance that a grievance\complaint is identified as in process (not resolved) during a reporting period it will need to be reported on the following quarterly report with the date of resolution identified. Reporting format: MM/DD/YYYY, if still in process use 00/00/0000.
Column Y:	**Date written notice** Enter Date written notice sent to enrollee and practitioner as MM/DD/YYYY: Example: 12/01/1985 00/00/0000 = Not applicable	Identifies the Date written notification sent to enrollee and practitioner. Reporting format: MM/DD/YYYY, if not applicable use 00/00/0000.
Column Z:	Unique MCO record identifier (Optional)	An optional unique record identifier for each grievance.

Grievance

Column S - Primary Category	Column T - Subcategory
Grievance	Grievance
Access	ADA
	Behavioral health
	Closed practice
	Cultural Considerations
	Distance
	No provider available
	Other (list specific issue)
	Pharmacy
	Pharmacy hours
	Primary Care Provider (PCP)
	Provider hours
	Specialty
	Transportation
	Wait time for appointment
Billing/Claims	Balance Owed
	Copay
	Member received bill
	Misapplied payment
	Pricing
Coverage and Benefits	Cost sharing
	Dissatisfied with level of coverage
	Excluded services or service covered by HCA or DSHS
	In-patient
	Other (list specific issue)
	Out-patient
Eligibility/Membership	Demographics, such as address, phone, gender, date of birth, language indicator, etc.
	Not eligible in system
	Other (list specific issue)
Health Plan	Ability to contact plan
	Confidentiality
	Other (list specific issue)
	Plan service
	Staff attitude

Column U - Reason
Grievance
Health Care Authority (HCA)
Health Plan
Provider

Column V - Resolution
Grievance
In Process (Is not complete)
Not Applicable (N/A)
No Action Required
Verbal Response Provided
Withdrawn
Written Response Provided

Grievance

Column S - Primary Category	Column T - Subcategory		Column U - Reason		Column V - Resolution
Grievance	Grievance		Grievance		Grievance
	Telephone wait time				
Quality of Care (QOC)	Clinical Skills				
	Diagnosis				
	Inadequate amount of time spent with Patient				
	Other (list specific issue)				
	Treatment delay				
	Treatment plan				
Quality of Service (QOS)	Confidentiality				
	Fraud and Abuse				
	Office/site appearance				
	Other (list specific issue)				
	Responsiveness to requests				
	Staff behavior				
Referral/Authorization	Non Participating Provider				
	Other (list specific issue)				
	Referral/Authorization not allowed				
	Want more visits than allowed				
Written materials	Did not receive, or materials were delayed				
	Do not understand materials				
	Other (list specific issue)				

Health Care Authority (HCA)
Grievance System and Non Participating Provider Reporting
Managed Care Organization (MCO) Quarterly Reporting
Action
Field Descriptions

For ADDITIONAL instructions and definitions, refer to: Health Care Authority, Grievance System and Non Participating Provider Reporting Instructions, (Effective January 1, 2015).
Grievance System Reporting.

Note: In order to use GAA information for a comparative data analysis, HCA requires MCOs to use the action\denial categories\reasons as listed in the "Action" tab.

Action Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description

Column A:	**Health Plan Name**
	
	Enter Name of Managed Care Organization
	
	  Indicate reporting plan with common abbreviation:
	
	  AMG = Amerigroup
	
	  CCC = Coordinated Care Corporation
	
	  CHPW = Community Health Plan of Washington
	
	  CUP = Columbia United Providers
	
	  MHC = Molina Healthcare of Washington
	
	  UHC = United Healthcare Community Plan
		Indicates reporting plan with common abbreviation.

Column B:	**Delegated Entity**
	
	  Enter Name of Delegated Entity:
	
	  Full name of delegated entity
	
	  Blank = No delegated entity
		Identifies the health plan's delegated entity that receives and takes action on the actions\denials. The health plan is responsible to integrate the delegated entity's data into the health plan's data. There should be no separate data submission for the delegated entities. It is advised that the plan downstream the report instructions and table to facilitate administrative simplification and roll up of combined plan, delegate data. If no delegated entity leave blank.

	Action Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column C:	**Reporting Period** Enter Reporting Quarter as a numerical indicator: 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter	Indicates the reporting period the initial action\denial is received. Reporting format: 1,2,3, or 4. Calendar Quarter: Quarter in which Grievances, Actions, and Appeals were received by the MCO.
Column D:	**Program Name** A code specify the program for the data submitted Enter Program code as an acronym: HO HOBD HOFC HH SCHIP WMIP AHAC	Specifies the program for the data submitted using program acronyms Identifies Healthy Options/Apple Health Family Coverage enrollees. Identifies Healthy Options/Apple Health Blind Disabled enrollees. Identifies Healthy Options/Apple Health Foster Care enrollees. Identifies Health Home enrollees when applicable to the reporting health plan. Identifies Children's Health Insurance Program enrollees. Identifies Washington Medicaid Integration Partnership enrollees when applicable to the reporting health plan. Identifies Apple Health Adult Coverage enrollees related to the Medicaid Expansion population (Alternative Benefit Plan).

Action Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description

Column E:	**CSHCN AND ISHCN**
	
	A code identifying individuals with Special Health Care Needs
	
	    Enter code as an alpha indicator:
	
	    X = Individuals and Children with Special Health Care Needs
	
	    Blank = Not CSHCN or ISHCN
		Identify all Individuals (ISHCN) and Children with Special Health Care Needs (CSHCN) with an "X."
		
		CSHCN - Children with Special Health Care Needs
		
		ISHCN - Individuals with Special Health Care Needs

Column F:	**Enrollee ID**
	
	A code indicating enrollee's identification number
	
	    Enter Member identification code as a numerical indictor:
	
	    ProviderOne Member Identification (ID) Number
		Populates column with the enrollee's Health Care Authority (HCA) ProviderOne ID number.

Column G:	**Enrollee Last Name**	Populates columns with the Enrollee name associated with Enrollee ID provided in Column F: Enrollee ID.
Column H:	**Enrollee First Name**	
Column I:	**Enrollee Middle Initial**	

Column J:	**Enrollee Birthdate**
	
	    Enter Enrollee Birthdate as MM/DD/YYYY
	
	    Example: 12/01/1985
		Populates column with the Enrollee birthdate associated with Enrollee name and ID provided in Columns F and G through I: Enrollee ID and Name.

Column K:	**Provider/Practitioner Last Name**	Identifies the servicing provider\practitioner or left blank. All Provider/Practitioner Name fields must be populated when applicable.
Column L:	**Provider/Practitioner First Name**	
Column M:	**Provider/Practitioner Middle Initial**	
Column N:	**Provider/Practitioner Specialty**	Identifies type or specialty of practitioner. Should be no more than thirty (30) characters. Examples: Family Practitioner, Chiropractor, Acupuncturist, Surgeon, General Surgeon, Orthopedist, Urologist, Internal Medicine, Certified Nurse Practitioner, Dermatologist, etc. This field must be populated when applicable or left blank.
Column O:	**Provider/Practitioner NPI** Example: 1112345678	Identifies the individual Practitioner National Provider Identification number (NPI). This field must be populated when applicable or left blank.
Column P:	**Facility Name**	Identifies the facility or clinic the practitioner is associated or contracted with and

	Action Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
		which is associated with the action\denial. This field must be populated when applicable or left blank.
Column Q:	**Type/Level** Enter Type/Level code as a numerical indicator: 2 = Action\Denial	Specifies the category and level for the data submitted. This column must be populated for all records. This report's focus is **Action**. For other Type/Level reporting, please utilize the appropriate report. Each report's specific descriptive categories and resolution are directly related to the Type/Level report.
Column R:	**Expedited** Enter code as an alpha indicator: X = Yes Blank = Not expedited	Identifies urgency of the action. Reporting format: "X" if yes leave blank if no.
Column S:	**Primary Category** Enter Primary Category as: Alternative Medicine Behavioral Health Diagnostics DME/Supplies/Prosthetics Facility Hospital Non Participating Provider Office Visit Other (list specific issue) Pharmacy Rehabilitation Surgery	Describes the "what" or the catalyst for the action\denial. (NOTE: "Other" category should be used sparingly and must include specific information related to the action.) This key descriptive column must be populated for all records.

	Action Reporting Data Elements with description	
Excel Column	**Required Data Element**	**Data Element Description**
Column T:	**Subcategory**	Provides additional detail of the primary category in Column S.(NOTE: "Other" category should be used sparingly and must include specific information related to the action.) This key descriptive column must be populated for all records.
	Enter Subcategory as:	Locate Primary Action Category Below then select Subcategory to the left:
	Acupuncture	Alternative Medicine
	Chiropractic	
	Massage Therapy	
	Naturopathy	
	Other (list specific issue)	
	Chemical Dependencies	Behavioral Health
	Mental Health	
	Imaging	Diagnostics
	Lab	
	Radiology	
	Incontinence supplies	DME/Supplies/Prosthetics
	Other (list specific item)	
	Oxygen Supplies	
	Prosthetics/Orthotics	
	Wheel Chairs	
	ADH/ADC (Adult Day Program)	Facility
	Adult Family Home	
	Ambulatory Surgery Center (ASC)	
	Chemical Dependencies	
	In-patient	
	Long Term Care Facility (LTC)	
	Mental Health	
	Observation	
	Other (list specific facility type)	
	Out-patient	
	Skilled Nursing Facility	

	Action Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Chemical Dependencies	Hospital
	In-patient	
	Mental Health	
	Observation	
	Other (list specific issue)	
	Out-patient	
	N/A	Non Participating Provider
	Primary Care Provider (PCP)	Office Visit
	Specialist	
	Oral	Pharmacy
	Other (list drug name)	
	Parentarel (injection)	
	N/A	Rehabilitation
	N/A	Surgery
Column U:	**REASON**	Describes the "why" the action\denial occurred. This key descriptive column must be populated for all records.
	Enter Reason as:	
	Contract/Benefits	
	Exceeds quantity limit	
	Medical Necessity	
	No referral/authorization on file	
	Non Participating Provider	
	Non-formulary	
	Pre-existing condition	
	Step therapy/criteria not met	

	Action Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description

Column V:	**Resolution**
	Enter a description of the Resolution for the Primary Category
	    Enter Resolution as:
	    Denial
	    Partial Denial
		Describes the outcome of the action\denial. This specifies all partial approvals or plan changes in a service request. This key descriptive column must be populated for all records.

Column W:	**Date Received**
	    Enter Date Received as MM/DD/YYYY:
	    Example: 12/01/1985
		Documents the date the authorization request was received (for actions). Reporting format: MM/DD/YYYY. This column must be populated for all records. Note that for actions related to concurrent review requests, it is acceptable to use the date the pertinent information was submitted by the provider in order for the MCO to evaluate the need for continued stay.

Column X:	**Date Resolved**
	    Enter Date Resolved as MM/DD/YYYY:
	    Example: 12/01/1985
		Identifies the date an action\denial.
		
		Reporting format: MM/DD/YYYY.

Column Y:	**Date written notice**
	    Enter Date written notice sent to enrollee and practitioner as MM/DD/YYYY:
	
	    Example: 12/01/1985
	    00/00/0000
		Identifies the Date written notification sent to enrollee and practitioner.
		
		Reporting format: MM/DD/YYYY

Column Z:	Unique MCO record identifier (Optional)	An optional unique record identifier for each action.

Action

Column S - Primary Category	Column T: Subcategory
Action	Action
Alternative Medicine	Acupuncture
	Chiropractic
	Massage Therapy
	Naturopathy
	Other (list specific issue)
Behavioral Health	Chemical Dependencies
	Mental Health
Diagnostics	Imaging
	Lab
	Radiology
DME/Supplies/Prosthetics	Incontinence supplies
	Other (list specific item)
	Oxygen Supplies
	Prosthetics/Orthotics
	Wheel Chairs
Facility	ADH/ADC (Adult Day Program)
	Adult Family Home
	Ambulatory Surgery Center (ASC)
	Chemical Dependencies
	In-patient
	Long Term Care Facility (LTC)
	Mental Health
	Observation
	Other (list specific facility type)
	Out-patient
	Skilled Nursing Facility
Hospital	Chemical Dependencies
	In-patient
	Mental Health
	Observation
	Other (list specific issue)
	Out-patient
Non Participating Provider	N/A
Office Visit	Primary Care Provider (PCP)
	Specialist

Column U - Reason
Action
Contract/Benefits
Exceeds quantity limit
Medical Necessity
No referral/authorization on file
Non Participating Provider
Non-formulary
Pre-existing condition
Step therapy/criteria not met

Column V: Resolution
Action
Denial
Partial Denial

Action

Column S - Primary Category	Column T: Subcategory		Column U - Reason		Column V: Resolution
Action	Action		Action		Action
Pharmacy	Oral				
	Other (list drug name)				
	Parentarel (injection)				
Rehabilitation	N/A				
Surgery	N/A				

Health Care Authority (HCA)
Grievance System and Non Participating Provider Reporting
Managed Care Organization (MCO) Quarterly Reporting
Appeal
Field Descriptions

For ADDITIONAL instructions and definitions, refer to: Health Care Authority, Grievance System and Non Participating Provider Reporting Instructions, (Effective January 1, 2015). Grievance System Reporting.

Note: In order to use GAA information for a comparative data analysis, HCA requires MCOs to use the appeal categories\reasons as listed in the "Appeal" tab.

Appeal Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description

Column A:	**Health Plan Name**
	
	Enter Name of Managed Care Organization
	
	   Indicate reporting plan with common abbreviation:
	
	   AMG = Amerigroup
	
	   CCC = Coordinated Care Corporation
	
	   CHPW = Community Health Plan of Washington
	
	   CUP = Columbia United Providers
	
	   MHC = Molina Healthcare of Washington
	
	   UHC = United Healthcare Community Plan
		Indicates reporting plan with common abbreviation.

Column B:	**Delegated Entity**
	
	   Enter Name of Delegated Entity:
	
	   Full name of delegated entity
	
	   Blank = No delegated entity
		Identifies the health plan's delegated entity that receives and takes action on the appeals. The health plan is responsible to integrate the delegated entity's data into the health plan's data. There should be no separate data submission for the delegated entities. It is advised that the plan downstream the report instructions and table to facilitate administrative simplification and roll up of combined plan, delegate data. If no delegated entity leave blank.

Appeal Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description
Column C:	**Reporting Period** Enter Reporting Quarter as a numerical indicator: 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter	Indicates the reporting period the initial appeal is received. Reporting format: 1,2,3, or 4. Calendar Quarter: Quarter in which Grievances, Actions, and Appeals were received by the MCO.
Column D:	**Program Name** A code specify the program for the data submitted Enter Program code as an acronym: HO HOBD HOFC HH SCHIP WMIP AHAC	Specifies the program for the data submitted using program acronyms Identifies Healthy Options/Apple Health Family Coverage enrollees. Identifies Healthy Options/Apple Health Blind Disabled enrollees. Identifies Healthy Options/Apple Health Foster Care enrollees. Identifies Health Home enrollees when applicable to the reporting health plan. Identifies Children's Health Insurance Program enrollees. Identifies Washington Medicaid Integration Partnership enrollees when applicable to the reporting health plan. Identifies Apple Health Adult Coverage enrollees related to the Medicaid Expansion population (Alternative Benefit Plan).

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description

Column E:	**CSHCN AND ISHCN**
	
	A code identifying individual with Special Health Care Needs
	
	    Enter code as an alpha indicator:
	
	    X = Individuals and Children with Special Health Care Needs
	
	    Blank = Not CSHCN or ISHCN
		Identify all Individuals (ISHCN) and Children with Special Health Care Needs (CSHCN) with an "X."
		
		CSHCN - Children with Special Health Care Needs
		
		ISHCN - Individuals with Special Health Care Needs

Column F:	**Enrollee ID**
	A code indicating enrollee's identification number
	
	    Enter Member identification code as a numerical indictor:
	
	    ProviderOne Member Identification (ID) Number
		Populates column with the enrollee's Health Care Authority (HCA) ProviderOne ID number.

Column G:	**Enrollee Last Name**	Populates columns with the Enrollee name associated with Enrollee ID provided in Column F: Enrollee ID.
Column H:	**Enrollee First Name**	
Column I:	**Enrollee Middle Initial**	

Column J:	**Enrollee Birthdate**
	    Enter Enrollee Birthdate as MM/DD/YYYY
	    Example: 12/01/1985
		Populates column with the Enrollee birthdate associated with Enrollee name and ID provided in Columns F and G through I: Enrollee ID and Name.

Column K:	**Provider/Practitioner Last Name**	Identifies the servicing provider\practitioner, either as the source of an enrollee's provider of service the plan denied, or is addressing the enrollee's service.
Column L:	**Provider/Practitioner First Name**	All Provider/Practitioner Name fields must be populated when applicable or left blank.
Column M:	**Provider/Practitioner Middle Initial**	
Column N:	**Provider/Practitioner Specialty**	Identifies type or specialty of practitioner. Should be no more than thirty (30) characters. Examples: Family Practitioner, Chiropractor, Acupuncturist, Surgeon, General Surgeon, Orthopedist, Urologist, Internal Medicine, Certified Nurse Practitioner, Dermatologist, etc. This field must be populated when applicable or left blank.
Column O:	**Provider/Practitioner NPI**	Identifies the individual Practitioner National Provider Identification number (NPI).

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Example: 1112345678	This field must be populated when applicable or left blank.
Column P:	**Facility Name**	Identifies the facility or clinic the practitioner is associated or contracted with and which is associated with the appeal.
		This field must be populated when applicable or left blank.
Column Q:	**Type/Level** Enter Type/Level code as a numerical indicator: 3 = Appeal	Specifies the category and level for the data submitted. This column must be populated for all records. This report's focus is **Appeal**. For other Type/Level reporting, please utilize the appropriate report. Each report's specific descriptive categories and resolution are directly related to the Type/Level report.
Column R:	**Expedited** Enter code as an alpha indicator: X = Yes Blank = Not expedited	Identifies urgency of the appeal. Reporting format: "X" if yes leave blank if no.
Column S:	**Primary Category** Enter Primary Category as: Authorization Alternative Medicine Behavioral health Benefit Issues Billing/Claims Diagnostics DME/Supplies/Prosthetics Facility Hospital Non Participating Provider Office Visit Pharmacy	Describes the "what" or the catalyst for the appeal. This key descriptive column must be populated for all records.

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Patient Review and Coordination (PRC) Placement	
	Rehabilitation	
	Surgery	
Column T:	**Subcategory** Enter Subcategory as:	Provides additional detail of the primary category in Column S. (NOTE: "Other" category should be used sparingly and must include specific information related to the appeal.) This key descriptive column must be populated for all records. Locate Primary Appeal Category Below then select Subcategory to the left:
	N/A	Authorization
	Acupuncture	Alternative Medicine
	Chiropractic	
	Massage Therapy	
	Naturopathy	
	Other (list specific issue)	
	Chemical Dependencies	Behavioral health
	Mental Health	
	N/A	Benefit Issues
	N/A	Billing/Claims
	Imaging	Diagnostics
	Lab	
	Radiology	
	Incontinence supplies	DME/Supplies/Prosthetics
	Other (list specific item)	
	Oxygen Supplies	
	Prosthetics/Orthotics	
	Wheel Chairs	
	ADH/ADC (Adult Day Program)	Facility

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Adult Family Home	
	Ambulatory Surgery Center (ASC)	
	Chemical Dependencies	
	In-patient	
	Long Term Care Facility (LTC)	
	Mental Health	
	Observation	

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Other (list specific facility type)	
	Out-patient	
	Skilled Nursing Facility	
	Chemical Dependencies	Hospital
	In-patient	
	Mental Health	
	Observation	
	Other (list specific issue)	
	Out-patient	
	N/A	Non Participating Provider
	Primary Care Provider (PCP)	Office Visit
	Specialist	
	Oral	Pharmacy

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Other (list drug name)	
	Parentarel (injection)	
	N/A	PRC Placement
	N/A	Rehabilitation
	N/A	Surgery
Column U:	**REASON** Enter Reason as: Authorization Benefit Maximum Reached Claims Medical Necessity Non-Formulary Non Participating Provider Not Covered by Plan PRC Placement* Pre-existing condition	Describes the "why" the appeal occurred. This key descriptive column must be populated for all records.
Column V:	Not Applicable (N/A) Overturned Partial Upheld Upheld Withdrawn	Describes the outcome of the appeal. This specifies all partial approvals or plan changes in a service request. This key descriptive column must be populated for all records.
Column W:	**Date Received** Enter Date Received as MM/DD/YYYY: Example: 12/01/1985	Document the date the authorization request related to an appeal was received. Reporting format: MM/DD/YYYY. This column must be populated for all records. Note that for actions related to concurrent review requests, it is acceptable to use the date the pertinent information was submitted by the provider in order for the MCO to evaluate the need for continued stay.
Column X:	**Date Resolved** Enter Date Resolved as MM/DD/YYYY:	Identifies the date an appeal determination is made. In the instance that an appeal is identified as in process (not resolved) during a reporting period it will need to be reported on the following quarterly report with the date of resolution

	Appeal Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Example: 12/01/1985 00/00/0000 = Still in process	identified. Reporting format: MM/DD/YYYY, if still in process use 00/00/0000.
Column Y:	**Date written notice** Enter Date written notice sent to enrollee and practitioner as MM/DD/YYYY: Example: 12/01/1985 00/00/0000 = Not applicable	Identifies the Date written notification sent to enrollee and practitioner. Reporting format: MM/DD/YYYY, if not applicable use 00/00/0000.
Column Z:	Unique MCO record identifier (Optional)	An optional unique record identifier for each appeal.

Appeal

Column S - Primary Category	Column T: Subcategory
Appeal	Appeal
Authorization	N/A
Alternative Medicine	Acupuncture
	Chiropractic
	Massage Therapy
	Naturopathy
	Other (list specific issue)
Behavioral Health	Chemical Dependencies
	Mental Health
Benefit Issues	N/A
Billing/Claims	N/A
Diagnostics	Imaging
	Lab
	Radiology
DME/Supplies/Prosthetics	Incontinence supplies
	Other (list specific item)
	Oxygen Supplies
	Prosthetics/Orthotics
	Wheel Chairs
Facility	ADH/ADC (Adult Day Program)
	Adult Family Home
	Ambulatory Surgery Center (ASC)
	Chemical Dependencies
	In-patient
	Long Term Care Facility (LTC)
	Mental Health
	Observation
	Other (list specific facility type)
	Out-patient
	Skilled Nursing Facility
Hospital	Chemical Dependencies
	In-patient
	Mental Health
	Observation
	Other (list specific issue)
	Out-patient

Column U - Reason
Appeal
Authorization
Benefit Maximum Reached
Claims
Medical Necessity
Non-Formulary
Non Participating Provider
Not Covered by Plan
PRC* Placement
Pre-existing condition

Column V: Resolution
Appeal
In Process (Is not complete)
Not Applicable (N/A)
Overturned
Partial Upheld
Upheld
Withdrawn

Appeal

Column S - Primary Category	Column T: Subcategory
Appeal	Appeal
Non Participating Provider	N/A
Office Visit	Primary Care Provider (PCP)
	Specialist
Pharmacy	Oral
	Other (list drug name)
	Parentarel (injection)
PRC* Placement	N/A
Rehabilitation	N/A
Surgery	N/A

Column U - Reason
Appeal

Column V: Resolution
Appeal

*Patient Review and Coordination (PRC)

Health Care Authority (HCA)
Grievance System and Non Participating Provider Reporting
Managed Care Organization (MCO) Quarterly Reporting
Independent Review Organization (IRO) / State Hearing
Field Descriptions

For ADDITIONAL instructions and definitions, refer to: Health Care Authority, Grievance System and Non Participating Provider Reporting Instructions, (Effective January 1, 2015). Grievance System Reporting.

Note: In order to use GAA information for a comparative data analysis, HCA requires MCOs to use the categories\reasons as listed in the "IRO State" tab.

	Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column A:	**Health Plan Name** Enter Name of Managed Care Organization 　Indicate reporting plan with common abbreviation: 　AMG = Amerigroup 　CCC = Coordinated Care Corporation 　CHPW = Community Health Plan of Washington 　CUP = Columbia United Providers 　MHC = Molina Healthcare of Washington 　UHC = United Healthcare Community Plan	Indicates reporting plan with common abbreviation.
Column B:	**Delegated Entity** 　Enter Name of Delegated Entity: 　Full name of delegated entity 　Blank = No delegated entity	Identifies the health plan's delegated entity that receives and takes action on. The health plan is responsible to integrate the delegated entity's data into the health plan's data. There should be no separate data submission for the delegated entities. It is advised that the plan downstream the report instructions and table to facilitate administrative simplification and roll up of combined plan, delegate data. If no delegated entity or not applicable leave blank.

Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description
Column C:	**Reporting Period** Enter Reporting Quarter as a numerical indicator: 1 = First Quarter 2 = Second Quarter 3 = Third Quarter 4 = Fourth Quarter	Indicates the reporting period the initial IRO or Fair Hearing is received. Reporting format: 1,2,3, or 4. Calendar Quarter: Quarter in which Grievances, Actions, and Appeals were received by the MCO.
Column D:	**Program Name** A code specify the program for the data submitted Enter Program code as an acronym: HO	Specifies the program for the data submitted using program acronyms Identifies Healthy Options/Apple Health Family Coverage enrollees.
	HOBD	Identifies Healthy Options/Apple Health Blind Disabled enrollees.
	HOFC	Identifies Healthy Options/Apple Health Foster Care enrollees.
	HH	Identifies Health Home enrollees when applicable to the reporting health plan.
	CHIP	Identifies Children's Health Insurance Program enrollees.
	WMIP	Identifies Washington Medicaid Integration Partnership enrollees when applicable to the reporting health plan.
	AHAC	Identifies Apple Health Adult Coverage enrollees related to the Medicaid Expansion population (Alternative Benefit Plan).

Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description		
Excel Column	Required Data Element	Data Element Description

Column E:	**CSHCN AND ISHCN**
	
	A code identifying individuals with Special Health Care Needs
	
	    Enter code as an alpha indicator:
	
	    X = Individuals and Children with Special Health Care Needs
	
	    Blank = Not CSHCN or ISHCN
		Identify all Individuals (ISHCN) and Children with Special Health Care Needs (CSHCN) with an "X."
		
		CSHCN - Children with Special Health Care Needs
		
		ISHCN - Individuals with Special Health Care Needs

Column F:	**Enrollee ID**
	
	A code indicating enrollee's identification number
	
	    Enter Member identification code as a numerical indictor:
	
	    ProviderOne Member Identification (ID) Number
		Populates column with the enrollee's Health Care Authority (HCA) ProviderOne ID number.

Column G:	**Enrollee Last Name**	Populates columns with the Enrollee name associated with Enrollee ID provided in Column F: Enrollee ID.
Column H:	**Enrollee First Name**	
Column I:	**Enrollee Middle Initial**	

Column J:	**Enrollee Birthdate**
	
	    Enter Enrollee Birthdate as MM/DD/YYYY
	
	    Example: 12/01/1985
		Populates column with the Enrollee birthdate associated with Enrollee name and ID provided in Columns F and G through I: Enrollee ID and Name.

Column K:	**Provider/Practitioner Last Name**	Identifies the servicing provider\practitioner, either as the source of an enrollee's or the provider of service the plan took action upon or denied, or is addressing the enrollee's service. All Provider/Practitioner Name fields must be populated when applicable or left blank.
Column L:	**Provider/Practitioner First Name**	
Column M:	**Provider/Practitioner Middle Initial**	
Column N:	**Provider/Practitioner Specialty**	Identifies type or specialty of practitioner. Should be no more than thirty (30) characters. Examples: Family Practitioner, Chiropractor, Acupuncturist, Surgeon, General Surgeon, Orthopedist, Urologist, Internal Medicine, Certified Nurse Practitioner, Dermatologist, etc. This field must be populated when applicable or left blank.

	Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column O:	**Provider/Practitioner NPI** Example: 1112345678	Identifies the individual Practitioner National Provider Identification number (NPI). This field must be populated when applicable or left blank.
Column P:	**Facility Name**	Identifies the facility or clinic the practitioner is associated or contracted with and which is associated with the grievance\complaint, action\denial, or appeal. This field must be populated when applicable or left blank.
Column Q:	**Type/Level** Enter Type/Level code as a numerical indicator: 4 = Independent Review Organization (IRO) 5 = State Hearing	Specifies the category and level for the data submitted. This column must be populated for all records. This report's focus is **Independent Review Organization (IRO)/State Hearing**. For other Type/Level reporting, please utilize the appropriate report. Each report's specific descriptive categories and resolution are directly related to the Type/Level report.
Column R:	**Expedited** Enter code as an alpha indicator: X = Yes Blank = Not expedited	Identifies urgency of the IRO\State Hearing. Reporting format: "X" if yes leave blank if no.
Column S:	**Primary Category** Enter Primary Category as: Access Authorization Behavioral health Benefit Issues Billing/Claims Diagnostics DME/Supplies Non Participating Provider Pharmacy	Describes the "what" or the catalyst for the Fair Hearing or IRO's. This key descriptive column must be populated for all records.

	Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
	Patient Review and Coordination (PRC) Placement	
	Surgery	

	Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column T:	**Subcategory**	Provides additional detail of the primary category in Column S. This key descriptive column must be populated for all Fair Hearing or IRO records.
	Enter Subcategory as:	Locate Primary Independent Review Organization (IRO) / State Hearing Category Below then select Subcategory to the left:
	N/A	Access
	N/A	Authorization
	N/A	Behavioral health
	N/A	Benefit Issues
	N/A	Billing/Claims
	N/A	Diagnostics
	N/A	DME/Supplies
	N/A	Non Participating Provider
	N/A	Patient Review and Coordination (PRC) Placement
	N/A	Pharmacy
	N/A	Surgery

	Independent Review Organization (IRO) / State Hearing Reporting Data Elements with description	
Excel Column	Required Data Element	Data Element Description
Column U:	**REASON** Enter Reason as: Contest Decision	Describes the "why" the IRO, or State Hearing occurred. This key descriptive column must be populated for all records.
Column V:	**Resolution** Enter a description of the Resolution for the Primary Category Enter Resolution as: Upheld Overturned Withdrawn Dismissed	Describes the outcome of the IRO, or State Hearing determination. This specifies all partial approvals or plan changes in a service request. This key descriptive column must be populated for all records.
Column W:	**Date Received** Enter Date Received as MM/DD/YYYY: Example: 12/01/1985	Documents the date the IRO, or State Hearing request was received. Reporting format: MM/DD/YYYY. This column must be populated for all records.
Column X:	**Date Resolved** Enter Date Resolved as MM/DD/YYYY: Example: 12/01/1985 00/00/0000 = Still in process	Identifies the date an IRO, or State Hearing determination is made. In the instance that an IRO or State Hearing is identified as in process (not resolved) during a reporting period it will need to be reported on the following quarterly report with the date of resolution identified. Reporting format: MM/DD/YYYY, if still in process use 00/00/0000.
Column Y:	**Date written notice** Enter Date written notice sent to enrollee and practitioner as MM/DD/YYYY: Example: 12/01/1985 00/00/0000 = Not applicable	Identifies the Date written notification sent to enrollee and practitioner. Reporting format: MM/DD/YYYY, if not applicable use 00/00/0000.

Independent Review Organization (IRO) / State Hearing

Column S - Primary Category	Column T: Subcategory
State Hearing/IRO	State Hearing/IRO
Access	N/A
Authorization	N/A
Behavioral health	N/A
Benefit Issues	N/A
Billing/Claims	N/A
Diagnostics	N/A
DME/Supplies	N/A
Non Participating Provider	N/A
PRC Placement*	N/A
Pharmacy	N/A
Surgery	N/A

Column U - Reason
State Hearing/IRO
Contest Decision

Column V: Resolution
State Hearing/IRO
Upheld
Overturned
Withdrawn
Dismissed

*Patient Review and Coordination (PRC) Placement

Non Participating Provider Report for
Date

County	Total amount paid to all providers for services	Percent of overall cost of services paid to non participating providers
Adams		
Asotin		
Benton		
Chelan		
Clallam		
Clark		
Columbia		
Cowlitz		
Douglas		
Ferry		
Franklin		
Garfield		
Grant		
Grays Harbor		
Island		
Jefferson		
King		
Kitsap		
Kittitas		
Klickitat		
Lewis		
Lincoln		
Mason		
Okanogan		
Pacific		
Pend Oreille		
Pierce		
San Juan		
Skagit		
Skamania		
Snohomish		
Spokane		
Stevens		
Thurston		
Wahkiakum		
Walla Walla		
Whatcom		
Whitman		
Yakima		